

STANDARD FORM 52 PREPARATION GUIDE

PURPOSE

This guide is intended to assist personnel involved in the preparation of the Standard Form 52 or SF 52b, Request for Personnel Action. The way in which personnel actions are processed for both full-time Army and Air employees must be standardized. This guide is not intended to be a directive of any kind, it is intended to provide helpful information as well as samples to assist you in the proper completion of SF 52s.

HOW TO USE THIS GUIDE

This guide is comprised of sample SF 52s and is arranged by actions that govern Technician Personnel. The Army AGR program does not use this instruction manual. Actions such as disciplinary actions have been intentionally omitted from the guide. If an action has occurred that is not outlined in this guide, please contact the Human Resource Office.

REFERENCES

The basic reference for processing personnel actions can be found in Federal Personnel Manual (FPM) 296-33. Additional information relating to completing SF 52s can be found in DEMA Directive 25-6, Human Resource Office Merit Placement Plan.

POLICY

The Human Resource Office requires **at least 10 working days prior to the effective date** of a personnel action. This requirement is outlined in the Human Resource Office Merit Placement Plan, para 7-3(e). Effective dates for all Technician (Army and Air) personnel actions **MUST** occur with the beginning of the technician pay periods. Effective dates for all Air/Army AGR **SHOULD** occur with the beginning of AGR pay periods (1st and 15th of each month). Exceptions to this policy can be addressed by contacting the Human Resource Office.

SAMPLE SF 52'S FOR TECHNICIAN PERSONNEL
ACTIONS

CHANGE IN WORK SCHEDULE (for part-time, GRAD and full-time employees)
CHANGE TO LOWER GRADE
DETAIL
EXTEND DETAIL
LEAVE WITHOUT PAY – FROM USING MILITARY LEAVE
LEAVE WITHOUT PAY – MILITARY TRAINING
LEAVE WITHOUT PAY – PERSONAL REASONS
EXTEND LEAVE WITHOUT PAY
NAME CHANGE
PROMOTION
RETURN TO DUTY – TO USE MILITARY LEAVE
RETURN TO DUTY – FROM MILITARY TRAINING
RESIGNATION
SEPARATION
TEMPORARY APPOINTMENT NTE
EXTEND TEMPORARY APPOINTMENT
TERMINATE TEMPORARY PROMOTION
TERMINATE TEMPORARY APPOINTMENT
TERMINATION (MILITARY)
TIME OFF AWARD
REQUEST FOR FILL

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested CHANGE IN WORK SCHEDULE (THIS INCLUDES GRAD STUDENTS)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, USUALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, USUALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0324</td> <td>10. Grade or Level 05</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0324	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0324	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT OF EMPLOYMENT) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code 	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
			50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

CHANGE IN WORK SCHEDULE FROM FULL-TIME TO PART-TIME (OR PART-TIME TO FULL-TIME) DUE TO: EXAMPLE, SUMMER BREAK (GRAD), ADDITIONAL WORKLOAD, ETC. CITE REASONS WHY EMPLOYEE IS CHANGING WORK SCHEDULE.

WORK SCHEDULE: MONDAY 0600-1200 (# HOURS) * **MUST SHOW WORK SCHEDULE IF EMPLOYEE GOING FROM FULL TIME TO PART TIME
TUESDAY OFF
WEDNESDAY 1400-1600 (# HOURS)*
THURSDAY 0800-1500 (# HOURS)*

*TYPE IN THE NUMBER OF HOURS THE EMPLOYEE IS SCHEDULE TO WORK THAT DAY. GRAD STUDENTS CANNOT EXCEED 20 HOURS PER WEEK WHILE IN SCHOOL. OTHER EMPLOYEES DESIGNATED AS PART TIME MAY WORK 32 HOURS PER WEEK, MAXIMUM.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested CHANGE TO LOWER GRADE		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number VOUCHER EXAMINER TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME MANNING DOCUMENT)												
8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis	8. Pay Plan GS	9. Occ. Code 2504	18. Grade or Level 05	19. Step or Rate	20. Total Salary/Award	13. Pay Basis		
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE CURRENTLY IS IN**						22. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2) 5636 E MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS GOING TO**							

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%			24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite		25. Agency Use		26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. FEGLI			28. Annuitant Indicator		29. Pay Rate Determinant			
30. Retirement Plan			31. Service Comp. Date (Leave)		32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period	

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career		35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt		36. Appropriation Code		37. Bargaining Unit Status	
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)				

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON FOR CHANGE TO LOWER GRADE. EXAMPLE, EXPIRATION OF PROMOTION NTE. IF CHANGE TO LOWER GRADE IS DUE TO A CLASSIFICATION ACTION, MUST REFERENCE THE RECLASSIFICATION LETTER, I.E. PER NGB-HR-EC PD RELEASE #CRA-99-0001.

IF CHANGE TO LOWER GRADE IS AT THE EMPLOYEE'S REQUEST, STATE THAT IN THIS SECTION

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested DETAIL NTE MM-DD-YYYY (DETAILS WILL NOT EXCEED ONE YEAR)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
--	--	--------------------------------	---------------------------------

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number BUDGET ANALYST																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>10. Grade or Level</td><td>11. Step or Rate</td><td>12. Total Salary</td><td>13. Pay Basis</td> </tr> <tr> <td>GS</td><td>2122</td><td>11</td><td></td><td></td><td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	2122	11				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>18. Grade or Level</td><td>19. Step or Rate</td><td>20. Total Salary/Award</td><td>13. Pay Basis</td> </tr> <tr> <td>GS</td><td>2122</td><td>12</td><td></td><td></td><td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	GS	2122	12			
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	2122	11																							
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
GS	2122	12																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td><td>12B. Locality Adj.</td><td>12C. Adj. Basic Pay</td><td>12D. Other Pay</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE CURRENTLY IS IN**	22. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2) 5636 E MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS GOING TO**																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON FOR DETAIL. EXAMPLE, DETAIL NEEDED TO PROVIDE SUPERVISORY CONTINUITY WHILE POSITION IS BEING ADVERTISED. DETAILS WILL NOT EXCEED ONE YEAR PER THE MERIT PLACEMENT PLAN.

DETAILS DO NOT AFFECT THE EMPLOYEE'S PAY.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

- 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested EXTENSION OF DETAIL NTE MM-DD-YYYY (PROVIDING ONE YEAR MAX HAS NOT BEEN MET)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
--	--	--------------------------------	---------------------------------

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number BUDGET ANALYST																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 2122</td> <td>10. Grade or Level 11</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 2122</td> <td>18. Grade or Level 12</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 2122	18. Grade or Level 12	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan GS	9. Occ. Code 2122	18. Grade or Level 12	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE CURRENTLY IS IN**	22. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2) 5636 E MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS GOING TO**																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>		29. Pay Rate Determinant <input type="checkbox"/>
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)	

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
			50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON DETAIL IS BEING EXTENDED.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested LEAVE WITHOUT PAY - FROM USING MILITARY LEAVE		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 2122</td> <td>10. Grade or Level 11</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2)) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

EMPLOYEE IS RETURNING TO A LEAVE WITHOUT PAY AFTER HAVING USED 15 (30) DAYS MILITARY LEAVE. THIS APPLIES ONLY TO THOSE EMPLOYEES ON TITLE 10/32 AGR TOUR AND ON TOUR WITH JCNTF.

LEAVE CODE FOR THE TIME CARD FOR THIS LWOP MUST BE KG.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested LEAVE WITHOUT PAY-MILITARY (OTHER THAN TO USE 15 DAYS MILITARY LEAVE)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 2122</td> <td>10. Grade or Level 11</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2)) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>		29. Pay Rate Determinant <input type="checkbox"/>
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code 37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)	

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
			50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

USED WHEN EMPLOYEE ENTERS MILITARY TRAINING.

ORDERS SHOWING A BEGINNING AND ENDING DATE OF TRAINING MUST BE ATTACHED TO SF 52. EMPLOYEE MUST ALSO RECEIVE A BRIEFING ON HIS/HER USERRA BENEFITS PRIOR TO DEPARTING FOR TRAINING.

LEAVE CODE FOR TIME CARD IS: KG

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested LEAVE WITHOUT PAY NTE: (# DAYS, I.E. 120 DAYS) FOR PERSONAL REASONS		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 2122</td> <td>10. Grade or Level 11</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2)) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code 	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

EXPLAIN REASON FOR LEAVE WITHOUT PAY FOR PERSONAL REASONS, I.E. RECOVER FROM SURGERY.

LEAVE CODE ON TIME CARD IS: KA

*THIS TYPE OF LWOP WILL AFFECT AN EMPLOYEE'S WITHIN GRADE INCREASE WAITING PERIOD, IF LWOP IS MORE THAN 80 HOURS (ONE PAY PERIOD).

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested EXTEND LEAVE WITHOUT PAY NTE: (# DAYS, I.E. 120 DAYS)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 2122</td> <td>10. Grade or Level 11</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2)) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

EXPLAIN THE REASON THE LEAVE WITHOUT PAY IS BEING EXTENDED. I.E., RECOVER FROM SURGERY, OR IF MILITARY TRAINING, COURSE BEING EXTENDED (IF MILITARY TRAINING MUST ATTACH COPY OF AMENDED TRAINING ORDERS TO SF 52).

LEAVE CODE FOR TIME CARD IS: KA *IF EXTENDING FOR PERSONAL REASONS

KG *IF EXTENDING DUE TO MILITARY TRAINING

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested NAME CHANGE	2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX	4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) EMPLOYEES NEW NAME	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
--	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8%;">8. Pay Plan</td> <td style="width: 8%;">9. Occ. Code</td> <td style="width: 12%;">10. Grade or Level</td> <td style="width: 12%;">11. Step or Rate</td> <td style="width: 18%;">12. Total Salary</td> <td style="width: 8%;">13. Pay Basis</td> </tr> <tr> <td style="text-align: center;">GS</td> <td style="text-align: center;">2122</td> <td style="text-align: center;">11</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	2122	11				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8%;">8. Pay Plan</td> <td style="width: 8%;">9. Occ. Code</td> <td style="width: 12%;">18. Grade or Level</td> <td style="width: 12%;">19. Step or Rate</td> <td style="width: 18%;">20. Total Salary/Award</td> <td style="width: 8%;">23. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	23. Pay Basis						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	2122	11																							
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	23. Pay Basis																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">12A. Basic Pay</td> <td style="width: 25%;">12B. Locality Adj.</td> <td style="width: 25%;">12C. Adj. Basic Pay</td> <td style="width: 25%;">12D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">20A. Basic Pay</td> <td style="width: 25%;">20B. Locality Adj.</td> <td style="width: 25%;">20C. Adj. Basic Pay</td> <td style="width: 25%;">20D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT I.E. AASF #2)) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
			50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature		Approval Date
--	-----------	--	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

NAME CHANGE DUE TO: MARRIAGE/DIVORCE
NAME CHANGED FROM: I.E. SMITH, GLORIA I.
NAME CHANGED TO: I.E. JONES, GLORIA I.

**FOR NAME CHANGES DUE TO MARRIAGE OR DIVORCE, A COPY OF THE MARRIAGE CERTIFICATE OR DIVORCE DECREE MUST BE ATTACHED.

**USUALLY REQUIRES A CHANGE IN EMPLOYEES BENEFIT PLANS

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested PROMOTION		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number VOUCHER EXAMINER TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME MANNING DOCUMENT)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>10. Grade or Level</td><td>11. Step or Rate</td><td>12. Total Salary</td><td>13. Pay Basis</td> </tr> <tr> <td>GS</td><td>0204</td><td>05</td><td></td><td></td><td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0204	05				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>18. Grade or Level</td><td>19. Step or Rate</td><td>20. Total Salary/Award</td><td>13. Pay Basis</td> </tr> <tr> <td>GS</td><td>3125</td><td>06</td><td></td><td></td><td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	GS	3125	06			
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	0204	05																							
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
GS	3125	06																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td><td>12B. Locality Adj.</td><td>12C. Adj. Basic Pay</td><td>12D. Other Pay</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS CURRENTLY IN**	22. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. USP&FO) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS GOING TO**																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code 37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)	

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status
				51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

**EMPLOYEE MEETS ALL REQUIREMENTS FOR PROMOTION TO THE NEXT GRADE (ATTENTION SUPERVISORS!!
YOU ARE RESPONSIBLE FOR KEEPING TRACK OF WHEN THE EMPLOYEE IS ELIGIBLE FOR PROMOTION)**

OR

**PROMOTION DUE TO RECLASSIFICATION OF POSITION DESCRIPTION. (MUST REFERENCE NGB-HR-EC PD
RELEASE, THE RELEASE NUMBER [I.E. CRA-XX-112, DTD XX JAN 00])**

OR

BASED ON DESK AUDIT, PER AZAA-HRM-CL, DTD DD-MM-YYYY.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested RETURN TO DUTY - TO USE MILITARY LEAVE		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0204</td> <td>10. Grade or Level 05</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS CURRENTLY IN**	22. Name and Location of Position's Organization 																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code 	37. Bargaining Unit Status
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

EMPLOYEE IS ON TITLE 10/32 AGR TOUR OR JCNTF AND IS REQUESTING TO USE 15 DAYS (OR 30) MILITARY LEAVE.

NOTE: THESE 52'S MUST BE FORWARDED TO THE HRO PRIOR TO SUBMITTING THE TIME CARD FOR PAYMENT OF LEAVE. FAILURE TO SUBMIT PRIOR TO TIME CARD WILL RESULT IN EMPLOYEE NOT RECEIVING MILITARY LEAVE AND MAY ALSO RESULT IN ACTION BEING RETURNED AS WE CANNOT BACK DATE ACTIONS.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested RETURN TO DUTY - FROM MILITARY TRAINING		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0204</td> <td>10. Grade or Level 05</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

EMPLOYEE IS RETURNING TO DUTY FROM MILITARY TRAINING.

TRAINING ORDERS (AND ANY AMENDMENTS THAT MAY HAVE BEEN MADE, ESP IF COURSE WAS EXTENDED) MUST BE ATTACHED TO SF 52 AND MUST REFLECT AN ENDING DATE. ENDING DATE MUST COINCIDE WITH EFFECTIVE DATE ON FRONT SIDE OF SF 52.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested RESIGNATION		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0204</td> <td>10. Grade or Level 05</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization 																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code 	37. Bargaining Unit Status
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS RESIGNING. EMPLOYEE MUST SIGN SF 52 AND LEAVE A FORWARDING ADDRESS BELOW IN BLOCK #5.

OR

EMPLOYEE MAY COMPLETE A LETTER OF RESIGNATION STATING THE REASON FOR RESIGNATION AND A FORWARDING ADDRESS.

FAXED COPIES OF RESIGNATIONS ARE NOT AUTHORIZED AND WILL NOT BE ACCEPTED BY THIS OFFICE. MUST BE AN ORIGINAL WITH ORIGINAL SIGNATURES.

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	--

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested SEPARATION		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0204</td> <td>10. Grade or Level 05</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
			50. Veterans Status <input type="checkbox"/>	51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING SEPARATED: I.E. SEPARATION IS BASED ON RECEIPT OF 30 DAY NOTICE DUE TO INCOMPATIBILITY.

EMPLOYEE MUST SIGN BELOW (BLOCK NUMBER 3) AND LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	--

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested TEMPORARY APPOINTMENT NTE: # DAYS (CANNOT EXCEED 180 DAYS)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
--	--	--------------------------------	---------------------------------

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">8. Pay Plan</td> <td style="width: 10%;">9. Occ. Code</td> <td style="width: 10%;">10. Grade or Level</td> <td style="width: 10%;">11. Step or Rate</td> <td style="width: 20%;">12. Total Salary</td> <td style="width: 10%;">13. Pay Basis</td> </tr> <tr> <td>GS</td> <td>0204</td> <td>05</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0204	05				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">8. Pay Plan</td> <td style="width: 10%;">9. Occ. Code</td> <td style="width: 10%;">18. Grade or Level</td> <td style="width: 10%;">19. Step or Rate</td> <td style="width: 20%;">20. Total Salary/Award</td> <td style="width: 10%;">13. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	0204	05																							
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">12A. Basic Pay</td> <td style="width: 25%;">12B. Locality Adj.</td> <td style="width: 25%;">12C. Adj. Basic Pay</td> <td style="width: 25%;">12D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">20A. Basic Pay</td> <td style="width: 25%;">20B. Locality Adj.</td> <td style="width: 25%;">20C. Adj. Basic Pay</td> <td style="width: 25%;">20D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS CURRENTLY IN**	22. Name and Location of Position's Organization 																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>		29. Pay Rate Determinant <input type="checkbox"/>
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)	

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON WHY TEMP APPOINTMENT IS NEEDED: I.E. TO ASSIST WITH ADDITIONAL BACKLOG.

TEMP APPOINTMENTS LESS THAN 180 DAYS MAY BE RECRUITED WITHOUT COMPETITION. APPLICANT MUST SUBMIT AN OF 612 OR RESUME' DETAILING THEIR EXPERIENCE AND MUST MEET THE BASIC QUALIFICATIONS FOR POSITION APPLYING FOR. APPLICANTS MAY SUBMIT EITHER AN OF 612 OR A RESUME'.

OF 612/RESUME' OF APPLICANT MUST BE ATTACHED TO THE SF 52 REQUESTING TEMP APPOINTMENT. COORDINATION MUST BE MADE WITH HRO TO DETERMINE FUNDING PRIOR TO APPLICANT STARTING EMPLOYMENT.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING SEPARATED: I.E. SEPARATION IS BASED ON RECEIPT OF 30 DAY NOTICE DUE TO INCOMPATIBILITY.

EMPLOYEE MUST SIGN BELOW (BLOCK NUMBER 3) AND LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested EXTEND TEMPORARY APPOINTMENT NTE: (CANNOT EXCEED 180 DAYS)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>10. Grade or Level</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>GS</td> <td>0204</td> <td>05</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0204	05				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	0204	05																							
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td>12D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td>20D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS CURRENTLY IN**	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON TEMP APPOINT IS BEING EXTENDED.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING SEPARATED: I.E. SEPARATION IS BASED ON RECEIPT OF 30 DAY NOTICE DUE TO INCOMPATIBILITY.

EMPLOYEE MUST SIGN BELOW (BLOCK NUMBER 3) AND LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	--

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested TEMPORARY PROMOTION NTE: (CANNOT EXCEED 180 DAYS)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number SECRETARY (OA) TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME MANNING DOCUMENT)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>10. Grade or Level</td><td>11. Step or Rate</td><td>12. Total Salary</td><td>13. Pay Basis</td> </tr> <tr> <td>GS</td><td>0204</td><td>05</td><td></td><td></td><td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0204	05				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>18. Grade or Level</td><td>19. Step or Rate</td><td>20. Total Salary/Award</td><td>13. Pay Basis</td> </tr> <tr> <td>GS</td><td>2115</td><td>07</td><td></td><td></td><td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	GS	2115	07			
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	0204	05																							
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
GS	2115	07																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td><td>12B. Locality Adj.</td><td>12C. Adj. Basic Pay</td><td>12D. Other Pay</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495		22. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. DCSPER) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495																							

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>		29. Pay Rate Determinant <input type="checkbox"/>
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)	

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON FOR TEMPORARY PROMOTION, I.E. TO PROVIDE SUPERVISORY CONTINUITY

EXCEPTION TO 180 DAY TIME FRAME - IF INDIVIDUAL HAS COMPETED FOR AN ANNOUNCEMENT THAT SPECIFICALLY STATES THEY WILL RECEIVE A TEMPORARY PROMOTION

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING SEPARATED: I.E. SEPARATION IS BASED ON RECEIPT OF 30 DAY NOTICE DUE TO INCOMPATIBILITY.

EMPLOYEE MUST SIGN BELOW (BLOCK NUMBER 3) AND LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	--

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested EXTEND TEMPORARY PROMOTION NTE: (MAX 180 DAYS UNLESS COMPETED VIA ANNOUNCEMENT)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
--	--	--------------------------------	---------------------------------

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0204</td> <td>10. Grade or Level 05</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>		29. Pay Rate Determinant <input type="checkbox"/>
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON TEMPORARY PROMOTION IS BEING EXTENDED.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING SEPARATED: I.E. SEPARATION IS BASED ON RECEIPT OF 30 DAY NOTICE DUE TO INCOMPATIBILITY.

EMPLOYEE MUST SIGN BELOW (BLOCK NUMBER 3) AND LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	--

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested TERMINATE TEMPORARY PROMOTION		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number SECRETARY (OA) TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME MANNING DOCUMENT)																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>10. Grade or Level</td><td>11. Step or Rate</td><td>12. Total Salary</td><td>13. Pay Basis</td> </tr> <tr> <td>GS</td><td>0204</td><td>06</td><td></td><td></td><td></td> </tr> <tr> <td>12A. Basic Pay</td><td>12B. Locality Adj.</td><td>12C. Adj. Basic Pay</td><td>12D. Other Pay</td><td colspan="2"></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0204	06				12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>18. Grade or Level</td><td>19. Step or Rate</td><td>20. Total Salary/Award</td><td>13. Pay Basis</td> </tr> <tr> <td>GS</td><td>0215</td><td>05</td><td></td><td></td><td></td> </tr> <tr> <td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td><td colspan="2"></td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	GS	0215	05				20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																																
GS	0204	06																																			
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																																		
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																																
GS	0215	05																																			
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																																		
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE WAS IN**	22. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #1) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS RETURNING TO**																																				

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON TEMPORARY PROMOTION IS BEING TERMINATED. I.E. TEMP PROMOTION TERMINATED DUE TO POSITION BEING FILLED

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING SEPARATED: I.E. SEPARATION IS BASED ON RECEIPT OF 30 DAY NOTICE DUE TO INCOMPATIBILITY.

EMPLOYEE MUST SIGN BELOW (BLOCK NUMBER 3) AND LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	--

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested TERMINATE TEMPORARY APPOINTMENT		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number SECRETARY (OA) TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0204</td> <td>10. Grade or Level 06</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 06	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 06	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

STATE REASON TERMINATING TEMPOARY APPOINTMENT. EXAMPLE: TEMPORARY APPOINTMENT NO LONGER NEEDED FOR ADDITIONAL WORKLOAD.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING SEPARATED: I.E. SEPARATION IS BASED ON RECEIPT OF 30 DAY NOTICE DUE TO INCOMPATIBILITY.

EMPLOYEE MUST SIGN BELOW (BLOCK NUMBER 3) AND LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	--

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested TERMINATION (MILITARY)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number SECRETARY (OA) TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0204</td> <td>10. Grade or Level 06</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 06	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 06	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
			50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

STATE REASON FOR TERMINATION: I.E. EMPLOYEE SELECTED FOR AGR TOUR PER ANNOUNCEMENT # 00-XXX.

NOTE: IF EMPLOYEE ELECTS TO TERMINATE MILITARY, THEY RETAIN THEIR RESTORATION RIGHTS UNDER THE PROVISIONS OF USERRA. EMPLOYEES DO NOT RECEIVE THE 15 DAYS MILITARY LEAVE BENEFIT

EMPLOYEE MUST SIGN SF 52 AND PROVIDE A FORWARDING ADDRESS OR SUBMIT A LETTER OF RESIGNATION WITH THIS INFORMATION ON IT. A COPY OF THE EMPLOYEE'S AGR ORDERS MUST ALSO BE ATTACHED.

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	--

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested TIME OFF AWARD NTE: (INDICATE NUMBER OF HOURS, 40 HOURS MAX)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
---	---	---------------------------------------	--

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number SECRETARY (OA) TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan GS</td> <td>9. Occ. Code 0204</td> <td>10. Grade or Level 06</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 06	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 06	11. Step or Rate	12. Total Salary	13. Pay Basis																				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization 																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code 	37. Bargaining Unit Status
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

WRITE A BRIEF NARRATIVE TO JUSTIFY THE TIME OFF AWARD. IF SUBMITTING A GROUP OF INDIVIDUALS, AN SF 52 IS REQUIRED FOR EACH PERSON. TIME OFF AWARDS MUST BE FOR A MINIMUM OF 8 HOURS, MAXIMUM OF 40 HOURS AND CANNOT EXCEED A TOTAL OF 80 HOURS FOR THE CALENDAR YEAR.

EFFECTIVE DATE FOR TIME OFF AWARD IS THE NEXT AVAILALBE PAY PERIOD. EMPLOYEES HAVE ONE YEAR FROM EFFECTIVE DATE TO USE TIME OFF AWARD.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested REQUEST FOR FILL		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
-------------------------------	---------------------------	------------------	-------------------

FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number SECRETARY (OA) TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>10. Grade or Level</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>GS</td> <td>0204</td> <td>06</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0204	06				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	0204	06																							
8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. Pay Basis																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td>12D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td>20D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
--	-----------	---------------

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

SELECTING SUPERVISOR: PERSON WHO WILL BE MAKING THE SELECTION
GRADE: (MILITARY GRADE IF POSN BEING ANNOUNCED IS AGR, OTHERWISE N/A)
AFSC/MOS: SELF EXPLANATORY
AREA OF CONSIDERATION: I.E. NATIONWIDE, CURRENT ON-BOARD TECHNICIANS, ETC.
ADDITIONAL REMARKS: ANY SPECIAL REMARKS YOU WANT ADDED TO THE ANNOUNCEMENT. I.E.
ENGINEERING DEGREE IS REQUIRED, THIS POSITION SUBJECT TO ROTATING SHIFTS

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50